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APPLICANTS

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**** CONTINUING DATA *********** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** **** SMALL ENTITY ****
 05/08/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 10	TOTAL CLAIMS 74	INDEPENDENT CLAIMS 5
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

Omnisonics Medical Technologies, Inc.
 66 Concord Street
 Wilmington, MA01887

TITLE

Apparatus and method for an ultrasonic medical device operating in torsional and transverse modes

FILING FEE RECEIVED 957	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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